

APRIL 2, 1992

US ENVIRONMENTAL PROTECTION AGENCY REGION 10-M/S HW-112 ATTN: MS. CARRIE SIKORSKI 1200 SIXTH AVENUE SEATTLE, WA 98101

DEAR MS. SIKORSKI:

ENCLOSED YOU WILL FIND THE OTHER COPY OF THE PART B PERMIT REVISION FOR THE PIER 91 FACILITY. THIS IS THE SECOND COPY THAT WAS SUPPOSED TO BE ACCOMPANIED BY THE ONE I SENT YOU LAST WEEK. I APOLOGIZE FOR THE CONFUSION. IF YOU HAVE QUESTION OR CONCERNS PLEASE CONTACT GARY KOLLMAN.

THANK YOU,

WENDY L. HUNGERFORD SECRETARY REGULTAORY AFFAIRS



SECTION A PART A OF THE RCRA PERMIT APPLICATION

SECTION A. PART A OF THE RCRA PERMIT APPLICATION TABLE OF CONTENTS

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SECTION A. PART A OF THE RCRA PERMIT APPLICATION

40 CFR 270.10(d), 270.11(a) and (d), 270.13
WAC 173-303-806(2), 810(2), 810(12)(a), 810(13)

A1.0 BACKGROUND INFORMATION

Al.1 Revisions Included in Part A Application for Part B Permit
Revised, July 1990, Sept. 1990, Dec. 1990, Nov. 1991

Several changes were made to the interim status Part A dated February 18, 1986 to be consistent with the information on Pier 91 Facility operations provided in the Part B. These

FORM 1, Sections III, IV and VII

The operator's mailing address and phone number have been revised to reflect a change in the corporate office location.

FORM 1, Section IV

revisions include:

The facility address has been revised to include a street address as well as a Pier number.

FORM 1, Section IV

Standard Industrial Classification (SIC) Code 2911 (Oil Reprocessing) has been deleted, and SIC Code 4953 (Refuse Systems) has been added to more accurately characterize dangerous waste activities at the facility.

FORM 1, Section VII.B.

A response has been provided to indicate that the facility operator is not the facility owner.

FORM 1, Section IX

The topo map has been updated.

FORM 1, Section X

The Nature of Business description has been revised. The previous statement:

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating the impurities. Liquid wastes containing low concentrations of heavy metals and/or low concentrations of hazardous wastes are treated to remove the contaminants or render the liquids non-hazardous.

Pier 91 is a storage, blending and marketing facility of used oil fuel and hazardous waste fuel.

has been changed to more accurately characterize dangerous waste activities at the facility. The statement now reads:

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating out the impurities (water, solids). Hazardous and non-hazardous wastewater is treated for contaminants such as metals, phenolics and solvents, and the treated wastewater is discharged to the sewer. Solids are centrifuged and sent off site for treatment and/or disposal.

The Pier 91 Facility is also a generator, storer, and marketer of used fuel oil and hazardous waste fuel (dangerous waste fuel).

FORM 1, Section XI

The certification signature has been changed to M.P. Keller, Vice President - Operations, to reflect a change in corporate management.

FORM 3, Section III

Identification of storage and treatment capacities has been revised as follows:

Line 1 - Tank Storage Capacity (S02)

The interim status tank storage capacity of 9,036,090 gallons has been changed to include only dangerous waste storage tanks described within the Part B Permit Application. The revised gallonage is 675,950, based on the Part B facility layout described elsewhere in the Part B Permit Application. Refer to Table A1-1 for a listing of all dangerous waste tanks and associated storage capacity.

Line 2 - Tank Treatment Capacity (T01)

The interim status tank treatment design capacity of 40,000 gallons per day (GPD) has been revised for the Part B permit application and includes treatment capabilities of dangerous waste tanks described in Table A1-1. The total tank treatment capacity amounts to 80,000 GPD (average) and 241,500 GPD (maximum).

Line 3 - Other (TO4)

The process code and process design capacity for other treatment processes (TO4) have been deleted, since all dangerous waste operations at the facility are included under tank storage (SO2) or tank treatment (TO1). The

description of other treatment processes (TO4) has been deleted from page 2 of 5.

FORM 3, Section IV

Estimated waste quantities were revised to reflect Part B facility operations, and waste codes were categorized to avoid repetitive counting of quantities. (The methodology for defining waste categories is discussed in Section A1.2.) Waste codes were also added to each category, and process code T04 was deleted. In September, 1990, newly listed waste codes were added to each waste category to include the new characteristic waste codes effective September 25, 1990.

FORM 3, Section V

Facility drawing was revised to show the updated layout for dangerous waste operations.

FORM 3, Section VI

An aerial photo of the facility dated March 3, 1985 was added to the Part A Permit Application. Section VI has been updated with a more recent June 1987 aerial photograph.

FORM 3, Section X

The operator certification signature has been changed to M.P. Keller, Vice President - Operations, to reflect a change in corporate management.

TABLE A1-1. WASTE STORAGE AND TREATMENT TANKS
Revised, Jan 1990, Jul 1990, Sep 1990, Dec 1990, Jul 1991, Nov. 1991

TANK NO.	TANK NAME/USAGE	STATUS	WORKING VOLUME (GAL) PER TANK	TOTAL VOLUME (GAL) PER TANK
2307, 2308, 2309	Heated Treatment/ Storage	Planned	14,100 ea.	14,810 ea.
2310	Sludge Storage Tank	Planned	14,100	14,810
2313	Heated Treatment/ Storage	Existing (Formerly tank 164)	14,100	14,810
2501	Treatment Chemical/ Storage (not RCRA- regulated)	Existing	5,287	5,874(1)
2701, 2705, 2707	Industrial Waste Water Treatment/ Storage	Existing (Formerly tanks 105, 109, & 111		49,485 ea.
2702, 2704	Industrial Waste Water Treatment/ Storage	Planned	91,727 ea.	96,555 ea.
2703 2708	Waste Oil Treatment/ Storage Tank	Existing (Formerly tanks 107, 112)	44,657 ea.	49,485 ea.
2706	Oil/Coolant Treatment and Storage	Existing (Formerly tank 110)	44,657	49,485
2709, 2710	Waste Oil Storage	Planned	52,832 ea.	55,940 ea.

EXISTING TANK STORAGE CAPACITY = 311,720 GAL PLANNED TANK STORAGE CAPACITY = 364,230 GAL

TOTAL TANK STORAGE CAPACITY (S02) = 675,950 GAL

⁽¹⁾ Tank capacity not included in total for maximum waste inventory for reason indicated in parentheses.

A1.2 Methodology for Defining Part A Waste Categories

The quantities associated with waste codes reported on the Part A have been grouped into various wastestream categories. This grouping of waste codes has been adopted to avoid duplicate counting of quantities associated with wastestreams which are designated with more than one waste code.

In order to avoid this misrepresentation and to provide the most accurate estimates of the types and quantities of wastes received, it was determined that categorizing the waste codes based on chemical wastestream groups provides the most complete information about the wastestreams handled.

The wastestream categories used in the Part A were based on the categories and corresponding waste codes for the most common wastestreams historically received at the Pier 91 Facility. These waste categories and corresponding quantity estimates are summarized in Table A1-2.

TABLE A1-2. TYPES AND QUANTITIES OF DANGEROUS WASTES LISTED ON THE PIER 91 FACILITY PART A

WASTE CATEGORY (a)	ESTIMATED ANNUAL QUANTITY (LBS/YR)
Oil and Coolant Emulsions	102,000,000
Industrial Wastewaters including Alkalis	84,020,000
Industrial Waste Sludges	8,080,000

⁽a) Waste categories derived from facility operating history.

SECTION A2.0

PART A DANGEROUS WASTE PERMIT FORMS 1 AND 3
Revised, Jan. 1990, Sept. 1990, Dec. 1990, Nov. 1991

PART A DANGEROUS WASTE PERMIT FORMS (FORMS 1 and 3)

WASHINGTON STATE DANGEROUS WASTE PERMIT GENERAL INFORMATION

Permit Application Process

There are two parts to a Dangerous Waste Permit Application—Part A and Part B. Part A consists of Form 1 and Form 3. Part B requires detailed site—specific information such as geologic, hydrologic, and engineering data. WAC 173-303-800 specifies the information that will be required from dangerous waste management facilities in Part B.

Operation During Interim Status

Part A of the permit application defines the processes to be used for treatment, storage, and disposal of dangerous wastes; the design capacity of such processes; and the specific dangerous wastes to be handled at a facility during the interim status period. Once Part A is submitted to the Department of Ecology, changes in the dangerous wastes handled, changes in design capacities, changes in processes, and changes in ownership or operational control at a facility during the interim status period may only be made in accordance with the procedures in WAC 173-303-820. Changes in quantity of waste handled at a facility during interim status can be made without submitting a revised Part A provided the quantity does not exceed the design capacities of the processes specified in Part A of the permit application. Failure to furnish all information required to process a permit application is grounds for termination of an interim status permit.

Confidential Information

All information submitted in this form will be subject to public disclosure, to the extent provided by RCRA and the Freedom of Information Act, 5 U.S.C. Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2 (see especially 40 CFR 2.305), and will be subject to the State of Washington Public Records Act chapter 42.17 RCW and chapter 43.21A-160 RCW. Persons filing this form may make claims of confidentiality. Such claims must be clearly indicated by marking "confidential" on the specific information on the form for which confidential treatment is requested or on any attachments, and must be accompanied, at the time of filing, by a written substantiation of the claim, by answering the following questions:

Confidential Information (continued)

- A. Which portions of the information do you claim are entitled to confidential treatment?
- B. For how long is confidential treatment desired for this information?
- C. What measures have you taken to guard against undesired disclosure of the information to others?
- D. To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?
- E. Has the Department of Ecology, EPA or any other Federal or State agency made a pertinent confidentiality determination? If so, what would those harmful effects be and why should they be viewed as substantial? Explain the causal relationship between disclosure and the harmful effects.

If no claim of confidentiality or no substantiation accompanies the information when it is submitted, EPA or the department may make the information available to the public without further notice to the submitter.

Definitions

Terms used in these instructions and in this form are defined in the Definitions section of the Dangerous Waste Regulation, chapter 173-303 WAC.

FORM 1-INSTRUCTIONS

This form must be completed by all applicants.

mpleting This Form

Please type or print. If you print, place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

Section I

Space is provided at the upper right hand corner of Form 1 for insertion of your EPA/State identification number. If you have an existing facility, enter your identification number. If you don't have an EPA/State identification number, please contact the Department of Ecology (206) 459-6303 and one will be provided for you. If your facility is new (not yet constructed), leave this item blank.

Section II

Enter the facility's official or legal name. Do not use a colloquial name.

Section III

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted if necessary.

Section IV

Give the complete mailing address of the office where correspondence should be sent. This often is not the address used to designate the location of the facility or activity.

Section V

Give the address or location of the facility identified in Section III of this form. If the facility lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number or county records or at intersection of Rts. 425 and 22).

ection VI

List, in descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the dangerous wastes.

SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact your Department of Ecology Regional office (see Table 1).

Table 1. Department of Ecology Regional Offices

Northwest Regional Office 4350 - 150th NE Redmond, Washington 98052 Tel: 206-885-1900

Eastern Regional Office East 103 Indiana Spokane, Washington 99207 Tel: 509-456-2926 Southwest Regional Office 7272 Cleanwater Lane Olympia, Washington 98504 Tel: 206-753-2353

Central Regional Office 3601 West Washington Yakima, Washington 98903 Tel: 509-575-2490

Section VII-A

Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

Section VII-F

Indicate whether the entity which operates the facility also owns it by marking the appropriate box.

ECY 030-31 INSTR.

Section VII-C

Enter the appropriate letter to indicate the legal status of the operator of the facility. Indicate "public" for a facility solely owned by local government(s) such as a city, town, county, parish, etc.

Sections VII-D-H

Enter the telephone number and address of the operator identified in Item VII-A.

Section VIII

indicate whether the facility is located on Indian lands.

Section I

Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:

The legal boundaries of the facility;

The location and aerial number of each of your existing and proposed intake and discharge structures;

All hazardous waste management facilities;

Each well where you inject fluids underground; and

All springs and surface water bodies in the area, plus all drinking water wells within % mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in Itidal waters, show the directions of the ebb and flow tides. Use a 7-½ minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Offices listed below. If a 7-½ minute series map has not been published for your facility site, then you may use a 15 minute series map from the U.S. Geological Survey. If neither a 7-½ nor 15 minute series map has been published for your facility site, use a plat map or other appropriate map, including all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above apecifications. If you do, your map should bear a note showing the number or title of the map or chart it was traced from. Include the names of nearby towns, water bodies, and prominent points.

U.S.G.S. OFFICES

Western Mapping Center National Cartographic Information Center U.S.G.S. 345 Middlefield Road Menlo Park, Ca. 94025 Phone No. (415) 323-8111

AREA SERVED

Ariz., Calif., Hawaii, Idaho, Nev., Oreg., Wash., American Samoa, Guam, and trust Territories

Section X

Briefly describe the nature of your business (e.g., products produced or services provided).

Section XI

For a corporation, by a principal executive officer of at least the level of vice president.

For partnership or sole proprietorship, by a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

State of Washington Department of Ecology

WASHINGTON STATE

I. EPA/STATE I.D. NUMBER

DANGEROUS WASTE PERMIT GENERAL INFORMATION

(Reed "Form 1 Instructions" before starting)

WAD0000812917

II. NAME OF FACILITY .									
B.U.R.L.I.N.G.T.O.N. E.N.V.I.R.O.N	M.F.N.T. A. I II.N.C.								
III. FACILITY CONTACT									
A. NAME & TITLE (lest, first, & title)	B. PHONE (area code & no.)								
S,T,E,F,A,N,I, D,E,N,N,I,S,,V,P,R									
IV. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
2,2,0,3, ,A,I,R,P,O,R,T, ,W,A,Y, S., ,S,U,I,T,E, ,4,0,0									
B. CITY OR TOWN	. C. STATE D. ZIP CODE								
S,E,A,T,T,L,E	W. A 9 8 1 3 4								
V. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SE									
P.I.E.R. 9 1 2.0.0.1 W G.A.R.F.	I.E. L. D S. T								
B. COUNTY NAME									
K,I,N,G									
C. CITY OR TOWN	D. STATE E. ZIP CODE F. COUNTY CODE								
S.E.A.T.T.L.E.	W A 9. 8. 1. 1. 9								
SIC CODES (4-digit, in order of priority)									
A. FIRST	B. SECOND								
4.9.5.3 REFUSE SYSTEMS	(apecity)								
C. THIRD	D. FOURTH								
(specify)	(specify)								
VII. OPERATOR INFORMATION									
A. NAME	B. Is the name listed in them VII-A also the								
B.U.R.L.I.N.G.T.O.N. SE.N.V.I.R.ON M.F.N	owner?								
	YES X NO								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer bo	x; if "Other", specify.) D. PHONE (area code & no.)								
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	P (apocity) 2 0 6 2,2,3 0,5,0,0								
E. STREET OR P.O. BOX									
2, 2, 0, 3, A I R P O R T, W A Y, S., S U	ITE 400								
F. CITY OR TOWN	G. STATE H. ZIP CODE VIII. INDIAN LAND								
	Is the facility located on Indian leads?								
SEATTLE	W A 9 8 1 3 4 YES X NO								

COMPLETE BACK PAGE

IX. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the line of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment age, or disposal facilities, and each well where it injects fluids undergound. Include all springs, rivers and other surface water bodies in the pares. See instructions for precise requirements.

X. NATURE OF BUSINESS (provide a brief description)

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating out the impurities (water, solids). Hazardous and nonhazardous wastewater is treated for contaminants such as metals, phenolics and solvents, and the treated wastewater is discharged to the sewer. Solids are processed and sent off site for treatment and/or disposal.

The Pier 91 Facility is also a generator, storer, and marketer of used oil fuel and hazardous waste fuel (dangerous waste fuel).

XI. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accorate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME	å	OFFICIAL	TITLE	(IVDe	or	print)	

Michael P. Keller,

Vice President, Operations

B. SIGNATURE

C. DATE SIGNED

Milan PKIN

Marl 6, 1952

FORM 3-INSTRUCTIONS

Completing This Form

Please type or print. If you print place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

Section

Existing dangerous waste management facilities should enter their EPA/STATE Identification Number (if known). New facilities should leave this item blank.

Section II

A. FIRST APPLICATION. If this is the first application that is being filed for the facility place an"X" in either the Existing Facility box or the New Facility box.

- 1. EXISTING FACILITY. Existing facilities are:
 - a. Those facilities which received hazardous waste for treatment, storage, and/or disposal on or before November 19, 1980; or
 - Those facilities for which construction had commenced on or before November 15, 1980. Construction had "commenced" only if:
 - (1) The owner or operator had obtained all necessary Federal, State, and local preconstruction approvals or permits; and
 - (2-a) A continuous physical, on—site construction program had begun (facility design or other preliminary non—physical and non—site specific preparatory activities do not constitute an on—site construction program), or
 - (2-b) The owner or operator had entered into contractual obligations (options to purchase or contracts for leasibility, engineering, and design studies do not constitute contractual obligations) which could not be cancelled or modified without substantial loss. Generally, a loss is deemed substantial if the amount an owner or operator must pay to cancel construction agreements or stop construction exceeds 10% of the total project cost.

EXISTING FACILITY DATE. If the Existing Facility box is marked, enter the date dangerous waste operations began (i.e., the date the facility began treating, storing, or disposing of hazardous waste) or the date construction commenced.

 NEW FACILITY. New facilities are all facilities for which construction commenced, or will commence, after November 19, 1980.

NEW FACILITY DATE. If the New Facility box is marked, enter the date that operation began or is expected to begin.

- B. REVISED APPLICATION. If this is a subsequent application that is being filed to amend data filed in a previous application, place an "X" in the appropriate box to indicate whether the facility has interim status or a permit.
 - FACILITY HAS AN INTERIM STATUS PERMIT. Place an "X" in this box if this is a revised application to make changes at a facility during the interim status period.
 - FACILITY HAS A FINAL PERMIT. Place an "X" in this box if this
 is a revised application to make changes at a facility for which a
 permit has been issued.

(NOTE: When submitting a revised application, applicants must resubmit in their entirety each item on the application for which changes are requested. In addition, Items I and IX [and Item X it applicable] must be completed. It is not necessary to resubmit information for other items that will not change.

ECY 030-31 INSTR. Form 3

Section III

The information in Section III describes all the processes that will be used to treat, store, or dispose of dangerous waste at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. See the form for the detailed instructions to Section III.

Section IV

The information in Section IV describes all the dangerous wastes that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. See the form for the detailed instructions to Section IV.

Section V

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit in the space provided on the form. This drawing should show the following:

The property boundaries of the facility:

The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;

The name of each operation. (Example—multiple hearth incinerator, drum storage area, etc.);

Areas of past storage, treatment, or disposal operations;

Areas of future storage, treatment, or disposal operations; and

The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas.

Section VI

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment, or disposal operations. Photographs may be color or black and white, ground-lovel or aerial. Indicate the date the photograph was taken on the back of each photograph.

Section VII

Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provided for Section IX of Form 1 to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State agencies such as the Department of Natural Resources.

Section VIII

See the form for the instructions to Section VIII.

Section IX and Section X

All facility owners must sign Section IX. If the facility will be operated by someone other than the owner, then the operator must sign Section X. Federal regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal; or other public facility, by either a principal executive officer or ranking elected official.

3

DANGEROUS WASTE PERMIT APPLICATION

I.	EF	A	ST	AT	EI	.D.	NI	JMI	BER	
W	Α	D	0	0	0	8	1	2	91	1

3 DANGEN	000			. WLAID	000811491
FOR OFFICIAL USE ONLY					
APPLICATION DATE RECEIVED			COMMENTS		
II. FIRST OR REVISED APPLI	CATION				
		(merk one hox only) to indicate whe	ther this is the first application you are	submitting for your lac	cillty or a revised equivation II II
is your first application and you stread	ly know your la	cliny's EPA/STATE I.D. Number, or	If this is a revised application, enter you	or lacility's EPA/STAT	E.D. Number in Section Labove.
A. FIRST APPLICATION (place an "X" be	low and provid	e the appropriate date)		1	
EXIS TING FACILITY (See instruction Complete it		on of "existing" lacility.	<u> </u>	2 NEW FACILITY (COM	
			-		FOR NEW FACILITIES. PROVICE THE DATE
OPE (use	RATION BEGAN		7.)	MO DAY YR	TION SEGAN OR IS EXPECTED TO SEGAN
B. REVISED APPLICATION (place an "X"	below and con	nplete Section I above)		1	
1. FACILITY HAS AN INTERIM S	TATUS PERMIT			2. FACILITY HAS A FIN	IAL PERMIT
III. PROCESSES - CODES A	ND DESIG	N CAPACITIES			
capacity) in the space provided on the B. PROCESS DESIGN CAPACITY — For 1. AMOUNT — Enter the amount. 2. UNIT OF MEASURE — For each am measure that are listed below shou	each code entered in the used. PRO-	tered in column A enter the capacity in column B(1), enter the code from APPROPRIATE UNITS OF MEASURE FOR PROCESS	that is not included in the list of codes of the process. the list of unit measure codes below that	t describes the unit of	
PROCESS	CODE	DESIGN CAPACITY	Treatment:	CODE	DESIGN CAPACITY
Storage:	SO1	GALLONS OR LITERS	TANK	TO1 GA	ALLONS PER DAY OR
CONTAINER (barrel, drum, etc.) TANK	S02	GALLONS OR LITERS		LIT	TERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	LIT	ALLONS PER DAY OR TERS PER DAY
SURFACE IMPOUNDMENT , Disposal:	S04	GALLONS OR LITERS	INCINERATOR	ME	ONS PER HOUR OR ETRIC TONS PER HOUR; YLLONS PER HOUR OR
INJECTION WELL	DBO	GALLONS OR LITERS	OTHER (Use for physical, chemical		TERS PER HOUR
LANDFILL	D81	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER	thermal or biological treatment processes not occurring in tanks.	TO4 GA	LLONS PER DAY OR TERS PER DAY
LAND APPLICATION OCEAN DISPOSAL	D82 D83	ACRES OR HECTARES GALLONS PER DAY OR LITERS PER DAY	surface impoundments or inciner- ators. Describe the processes in the space provided; Section III-C.))	
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS			
	UNIT OF		UNIT OF MEASURE		UNIT OF
UNIT OF MEASURE	CODE	UNIT OF MEASURE	CODE	UNIT OF MEASURE	COOEL
GALLONS LITTERS CUBIC YARDS CUBIC METERS GALLONS PER DAY	L Y	TONS PER HOUR METRIC TONS PER HOUF GALLONS PER HOUR	V D W E	ACRES	, A F. B
EXAMPLE FOR COMPLETING hold 200 gallons and the other					
B. PROCESS	DESIGN CAP	PACITY	N A PRO	OCESS DESIGN CAR	PACITY

N	T			T	B. PROCESS DESIGN CAPACITY					N A PRO		B. PROCESS DESIGN CAPACITY	
LHKER		CE: CO:	SS DE list		1. AMOUNT (specity)	OF I	RE	USE I		L M I B N E E R	A. PRO- CESS CODE (Irom list above)	1. AMOUNT OF MEA- SURE (moor code)	FOR OFFICIA! USE ONLY
X-1	S)]	2	600		;		T	5			
X-2	7	- 0)	3	20	E				6			
1	S			2	675,9 \$ 0	c				7			
2	T			1	241,500	l	J			8			
3								İ		9			
4				-						10			ili

III. .PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESS (code "TO4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic conteminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	Р	KILOGRAMS	K
TOUG	Т	METRIC TONS	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non—listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation, in addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	T		-					UNIT												D.	PROCESSES
N C	5	W	AST	E N	S 1	B. ESTIMATED ANNUAL QUANTITY OF WASTE	5	URE enter code)		1. PROCESS				SS CODES					2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
X-	1	K	0	5	4	900 ,		P	7	7	0 3	3	D	8	0			1	1	1	
X-	2	D	0	0	2	400		P	7		0 3	3	D T	8	0		!	1	1	1	
	3	D	0	0	ı	100		P	7	·	0 3	3	D	8	0		1	1		1	
X-	4	D	0	0	2				7	_	0 3	,	D	8	0		1	1	T	1	included with above

I.D. NUMBER (enter from page 1)

Continued from page 2.
 NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

IV. DESCRIPTION OF DANGEROUS WAS		nued)			
L A. I N DANGEROUS B. ESTIMATED ANNUAL N O WASTE NO. E . (enter code)	C. UNIT OF MEA- SURE (enter code)	1. PROCESS CODES (enter)	PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	111	IL, & COOLANT, EMULSIONS,			
2 102,000,000 (a)	. P	S 0 2 T 0 1	(a) Estimated annual quantity		
³ D O O 1			applies to entire waste		
4 D 0 0 2			stream not each waste code.		
5 D O O 4					
6 D O O 5					
7 D O O 6					
8 D O O 7					
9 0 0 8					
10 D 0 0 9					
11 D 0 1 0					
12 D 0 1 1					
13 K 0 4 8					
14 K 0 4 9					
15 K 0 5 0					
16 K 0 5 1					
17 K 0 5 2					
18 W T 0 1					
19 W T O 2					
20 W P O 1					
W P 0 2					
¹² WP 0 3		 			
3 WC01					
4 W C 0 2					
5 W O O 1		11111111			
6 F 0 0 1					

I.D. NUMBER (enter from page 1)

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

W	A D 0 0 0 8	1 2 9 1 7						
IV.	DESCRIPTION	OF DANGEROUS WAS		-				
L N N O E .	WASTE NO.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)		1. PROCES	SS CODES	D. PR	2. PROCESS DESCRIPTION (if a code as not entered in D(1))
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5	F 0 0 5				111	+		
6	F006)/			,	111		
7	D 0 18	. 1		7	111	111		
8	D 0 1 9		111		1	111		
9	D0 21			1	111	111	1 1	
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	D 0 2 3			7	+	111	11	
	D 0 2 4			7	111	111	11	
	D 0 2 5		1111	-++	 	1	11	
	D 0 2 6			1	1			
	D 0 2 7			7	1			
!	D 0 2 8			7	1	111	-	
	D 0 2 9			1	111		77	
i	D 0 3 0			1	1 .	1		
	D 0 3 2			7	1		11.	
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	0035			1	1		7 1	
	0 0 3 6				1 1			
	0 0 3 7			1	1 1	1		
	0 0 3 8			7	1 1	1 1		
26 D		\		1	1 1	1 1	1 1	
7	-							

I.D. NUMBER (enter from page 1) D d 0812 9 WA DESCRIPTION OF DANGEROUS WASTES (continued) JV. C. UNIT OF MEA-SURE D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE N N O E . DANGEROUS 1. PROCESS CODES 2. PROCESS DESCRIPTION WASTE NO. (enter (enter) OILS & COOLANT EMULSIONS (continued) D 0 4 0 2 3 D 0 4 1 D 0 D 0 4 3 5 3 9 F 0 6 7 K 0 0 3 F 0 8 F 0 3 8 9 10 11 13 14 15 16 17 18 19 20 21 22 23 24

26

WA	T	0/0	T	T	8 1 2 9	1 7									ere.
IV.	1	ES	CR	IPT	ON OF DAN	NGEROUS WAST	_		_						
L NO E.	1	NAS	A. LINGEROUS B. ESTIMATED ANNUAL ASTE NO. QUANTITY OF WASTE were code)		OF S	UNIT MEA URE enter ode)	[-	1.	PROCE	SS CC	DES	D.	PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
	-				11-1-1	INDUSTRIAL 1	1		ATTERS			•		·	
2	Γ	T	-			,000 ^(a)		P	s o	'	T O	T	1	1.	(a) Estimated annual quantity
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		0	Π			•	\dagger	\dagger		T	11 1	+	T	1	
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				П			\parallel	\dagger		1	1	+	1	111	
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		0				•	$\dagger\dagger$	+	-	+	1 1	+	T	11	
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	K	0	4	9			-		1	+	1 1	+	1		
15 J		0	5	0			+	H	1.1	+	1 1	+	1		
	T	0	T	T			+	H	1 1	+	1 1	-	1	1 1	
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22 W	E	0	3	3					1 1			'		1 1	
23 W		0	1						1923						
24 W	C	0	2			,			1 1						
25 W	C	. 0	1						1 1					1 1	4
26 F	0	0	1		V					1	'	'		-	

* Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (enter from page 1)					
W A D O O O O B 1 2 9 1 7					
IV. DESCRIPTION OF DANGEROUS WAST	ES (conti	nued)			
L A. I H DANGEROUS B. ESTIMATED ANNUAL H O WASTE NO. E . (enter code)	OF MEA- SURE (enter code)	1.	PROCESS CODES	D.	PROCESSES 2. PROCESS DESCRIPTION (if a code a not entered in O(1))
·	INDU	JSTRIAL	WASTEWATE	RS (cc	ontinued)
2 5002	T.	1.			
F 010 21				-	
3 F 0 0 3			1111	1	
4 F 0 0 4		1	1 1 1 1	1 1 1	
5 F 0 0 5			1111		
6 F 0 0 6		4			
7 D O 18					
8 D O 1 9		-	1 . .		
9 D 0 2 1		1		1 1	
10 D 0 2 2			11 11	11	
11 0 0 2 3			1 1 1 1	1 1	
12 D O 2 4				1 1	
13 D O 2 5				1 1	
14 D 0 2 6		1		1 1	
15 D 0 2 7					
16 D 0 2 8				1 1	
17 D 0 2 9		'		1 1	
18 D 0 3 0				1 1	
19 D 0 3 2				1 1	*
20 D 0 33					*
21 D 0 3 4				1 1	
²² D 0 3 5				1 1	
23 D O 3 6					
24 D 0 3 7					
25 D 0 3 8					
26 0 0 3 9		1			

Continued from page 2:
•NOTE: "Photocopy this page before completing if you have more than 25 westes to list. LD. NUMBER (enter from page 1) 08129 DESCRIPTION OF DANGEROUS WASTES (continued) C. UNIT OF MEA-SURE (enter code) D. PROCESSES B. ESTIMATED ANNUAL OUANTITY OF WASTE DANGEROUS 2. PROCESS DESCRIPTION 1. PROCESS CODES WASTE NO. H 0 (if a code is not entered in D(1)) (enter) INDUSTRIAL WASTEWATERS (continued) D 0 4 0 3 D 0 4 4 D 0 3 5 D 0 4 6 F 0 3 9 7 0 0 3 0 8 9 F 0 3 10 F O 13 F 0 3 1 14 15 16 17 18 19 20 21 22 1 1 23 24

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				enter f				1	Juliav	· mo		1811 2	0 W	13163	. 10 11.	31.		_		_	_		_	
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IV.	DE	SCI	RIPT	ION	OF I	DAN	IGER	ous	WA	ST	ES	(cc	onti	nue	d)									
L	DAI	A. NGEI	ROUS		B. E	ESTIA	MATE	ANA C	NUAL		0	. UI	EA-	_									D.	PROCESSES
NO E.		STE	NO.		QU	ANTI	TY O	F WA	STE		1	SUR (enti- code	er		1	. F	PRO		S CO	DES				2. PROCESS DESCRIPTION (if a code is not entered in D(1))
	гт	† -	-1			II	NDU:	STR	IAL	WA	SI	E_	SL	UDÇ	E_	-		_	T-	_		_		
2		1		8	,080	0,0	00(a)				P		S	0 2	2 7	ר כ) 1				<u>'</u>	'	(a) Estimated annual quantity
3	D	0	0 1											/	_	$\frac{1}{2}$	_	/				1	1	applies to entire waste
4	D	0 0	2											T	1		1	1		T		ı	1	stream, not each waste code
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3 K	_	4	8			\perp					1		\perp									<u>.</u>		
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W	P	0	3_			+				+	+	+	+	Т		-		1	_	1				
W	c	0	1			-				+	1	+	-	1		-	_	1	_	_				
W	d	0	2				,				-	1												
Wi	0	a	1											1		ľ	1		1					
F	0	d	1		1	V					T	1				I	1	T	1	1				

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

WADOOG8	1 2 9 1 7							
	OF DANGEROUS WAS	TES (conti	nued)					
A. DANGEROUS WASTE NO. (enter code)	DANGEROUS B. ESTIMATED ANNUAL WASTE NO. OUANTITY OF WASTE			1. PROC	ESS CODES	D.	PROCESSES 2. PROCESS DESCRIPTION (if a code a not enlered in O(1))	
	IN	DUSTRIA	LW2	ASTE SI	LUDGE (contin	ued)	
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³ F 0 0 3			1	-	-	1 1 1		
4 F 0 0 4	·		1		1 1 1	1 1 1		
5 F O O 5					1	<u> </u>		
6 F 0 0 6	\downarrow		'\			' '		
7 D 0 18			1			1		
		1111	1		111	1		
8 D 0 1 9			1	-	111			
9 DO 21				1 1	1 1	1		
D 0 2 2								
D 0 2 3			'	' '				
2 D O 2 4	1		1	111	11	111		
		+++		1	111	1		
3 D 0 2 5		+ + +	-	-	+	1 1		
D 0 2 6			\dashv					
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D 0 2 8			1			1		
D 0 2 9			1	111	111	11		
			7	1	1	11		
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NUTE: Photocopy this page before completing if you have more than 25 westes to list. I.D. NUMBER (enter from page 1) 0 0 8 1 2 9 DESCRIPTION OF DANGEROUS WASTES (continued) C. UNIT D. PROCESSES B. ESTIMATED ANNUAL OUANTITY OF WASTE DANGEROUS SURE 2. PROCESS DESCRIPTION 1. PROCESS CODES WASTE NO. H 0 (enter (if a code is not entered in D(1)) (onter) INDUSTRIAL WASTE SLUDGE (continued) D 0 4 0 3 D 0 4 1 0 D 4 3 5 D 0 4 3 9 F 0 7 0 0 K 3 F 0 8 0 3 F 8 9 3 F 0 10 2 11 F 0 F 0 3 4 13 F 0 3 14 15 16 17 18 19 20 21 22 23 24

26

ev '	DESCRIPTION	OF	DANCEROUS	WACTEC	(anatious d
9 W -	DESCRIPTION	~	DANGERUUS	WASIES	I CONTINUEO

١.

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM SECTION D(1) ON PAGE 3.

All existing facilities must include in the space provided on page 5 a scale drawing of VI. PHOTOGRAPHS All existing facilities must include photographs (senial or pround—level) that clearly delice of future storage, treatment or disposal areas (see instructions for more Cetail).		
All existing facilities must include photographs (social or pround—level) that clearly d		
		end disposel erees; end
VIL FACILITY GEOGRAPHIC LOCATION		
LATITUDE (degrees, minutes, & seconds)	LONGITUDE (degrees, minutes	& seconds)
4 7 3 8 0 8 N	1 2 2 2 2 5	olwi
L FACILITY OWNER	•	•
B. If the facility owner is not the facility operator as listed in Section VII on Form 1, or		kio to Section IX below.
1. NAME OF FACILITY'S LEGAL OWN	ER . 2.	PHONE NO. (area coce & no.)
ORT OF SEATTLE	20	6 3 8 2 3 3 7
3. STREET OR P.O. BOX	4 CITY OR TOWN S ST.	6. ZIP COOS
O, BOX, 1209 S.E.A.T	T, L, E, WA	9 8 1 1 1
IX. OWNER CERTIFICATION		
documents, and that based on my inquiry of those individuals imm submitted information is true, accurate, and complete. I am aware including the possibility of fine and imprisonment.	e that there are significant penalties for subm	this and all attached
NAME (print or type)	DATE SIGN	ŒD
SEE PAGE 4A ATTACHED HERETO		
Zeger JJ vanAsch vanWijck		
X. OPERATOR CERTIFICATION	man and a second a	
I certify under penalty of law that I have personally examined and documents, and that based on my inquiry of these individuals immore submitted information is true, accurate, and complete, I am aware including the possibility of line and imprisonment.	mediately responsible for obtaining the informa	tion. I believe that the
** (Criminal State of	DATE SIGN	€0

Section A Part A of the RCRA Permit Application Form 3 Dangerous Waste Permit Application

IX. Owner Certification

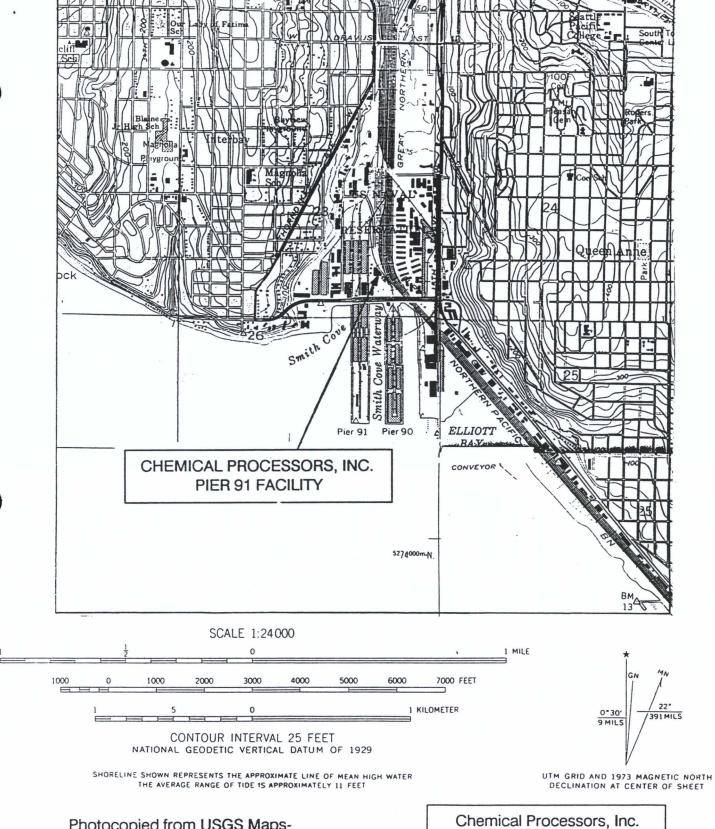
I certify under penalty of law that appropriate persons with the Port of Seattle have examined the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining and examining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

3/2=/91

Zeger J.J. van Asch van Wijck

Chief Executive Officer

3657G

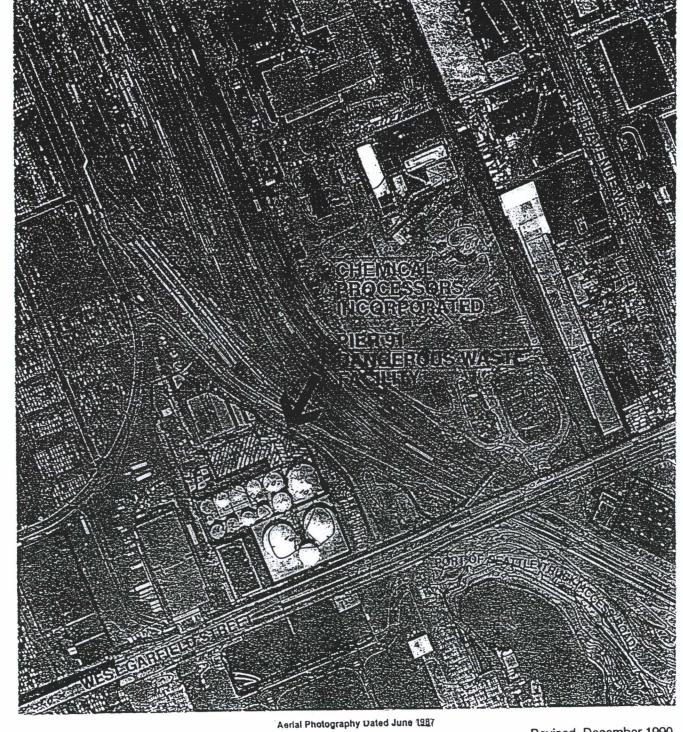


Photocopied from USGS Maps-Shilshole Bay Quadrangle, Seattle North Quadrangle and Seattle South Quadrangle Lat. 47 38'08"N Long. 122 22'50"W

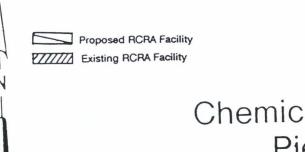
Chemical Processors, Inc.
Pier 91 Facility

Location Map

Section IX



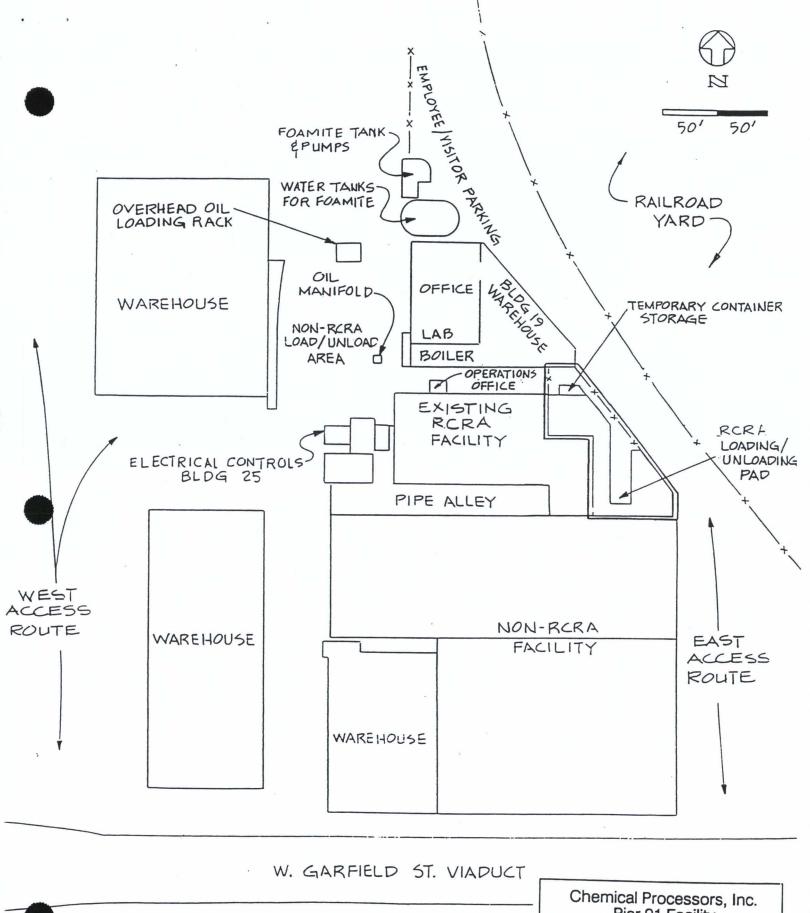
Revised, December 1990



Chemical Processors, Inc. Pier 91 Facility

Section VI

800 600 200



Chemical Processors, Inc.
Pier 91 Facility
Pier 91 Facility
Site Plan
Section V

APPENDIX J-1

STATE ENVIRONMENTAL POLICY ACT ENVIRONMENTAL CHECKLIST

A. BACKGROUND

Name of proposed project, if applicable:

Dangerous Waste Treatment and Storage Facility Part B Permit Application for the Chemical Processors, Inc. Pier 91 Facility.

2. Name of applicant:

Chemical Processors, Inc.

Address and phone number of applicant and contact 3. persons:

2203 Airport Way S., Suite 400 Seattle, WA 98134 Contacts: Ms. Catherine Buller Regulatory Affairs (206) 223-0500 Mr. Dave Larimore Engineering/Construction

(206) 223-0500

Date checklist prepared: 4.

November 1988. Revised, January 1990, March 1992

Agency requesting checklist: 5.

State of Washington, Department of Ecology (Ecology).

6. Proposed timing or schedule (including phasing, if applicable:

The checklist describes existing conditions at the facility, and future plans for operations as described in the accompanying Resource Conservation and Recovery Act (RCRA) Part B Permit Application.

Do you have any plans for future additions, expansion, 7. or further activity related to or connected with this proposal?

Yes. Plans for the facility include construction of a dangerous waste loading/unloading area and temporary container storage area on an 0.2-acre area adjacent to

The Absolute Simplest Way to Find Information in IRIS2:

- 1) Select(F6,) Miscellaneous Software, from the main LAN menu.
- 2) Select(F?, IRIS2, from the miscellaneous list.
- 3) Wait for IRIS to load...(return some phone calls...)
- 4) Hit Page Down to get past the introductory screen.
- A few screens will flash past, then the list of chemicals appears. Type the Name of the Chemical that you want to see. Wait! Don't hit enter! Your typing will show up in the top box, then the screen will scroll down and highlight the name of your chemical on the list. If it is correctly identified, go to 6). Else:
 - 5a) If the list does not show the correct match for your chemical, hit **Escape** to erase the name, and **Escape** again to get out of the list.
 - 5b) Choose Find, then Synonym, then Escape to clear whatever name shows up in the top box.
 - Sc) Now **type the chemical name**, or an abbreviation, synonym, or Chemical Abstracts Service (CAS) number. The screen should scroll down the list and find your chemical. Use up or down arrows if it is still not the exact match.
- 6) Hit Enter to bring up the chemical file.
- 7) Use Page Down to proceed through the screens of the file, or:
 - 7a) Hit the **Hot Key**, the number that is highlighted in the menu block, for the section of the file that you want to see.
- Use Control Enter to expand a screen,
 Up or Down Arrows to scroll within a screen,
 Page Up to go back to a previous screen, and
 Escape to contract a screen, erase a field, or escape from a dead end.
- 9) Whan you are finished with that chemical and want to find another, hit Find, then Synonym, then Escape to erase the name at the top. Type the name, synonym, or CAS#, then go back to 6).
- 10) Quit to get out of IRIS2.

Ref | Find | Util | Quit IRIS: Status of Data 5 DWHA 6 Regs 7 Sup Data |3 RfC |4 Carcin 1 Status 2 RfD 50-29-3 DDT p,p'-Dichlorodiphenyltrichloroethane Navigation IS only Health r Go to previous/next page ps after a PgUp, PgDn summaries Go to previous/next screen -/+ composed Go to previous/next button ssment presente other Expand Menu/Press button Enter,[Hotkey] Sections cular EPA sections at Program Scrolling fields program st current Office. Activate previous/next field k risk ass Shift-Tab/Tab fects Scroll field up/down line assessme 1/1 Scroll field up/down page ory action Ctrl-PgUp/Ctrl-PgDn (e.g., t ction, the Display field definition data for nd whether Expand field date of Ctrl-Enter technolo - press any key to continue ⊢S are explanat - <Esc> []]

Status

Synonyms | Rev History

ESC -- gets you out

01/01/92

1/1 |+→

IRIS2 Reference

How Do I Get To The Chemical I Want?

	Use the + and - keys to move between chemicals; OR
	Select the List of Substances option from the Find menu by typing F and then L. Type the chemical name (Control
	Select the Find option from the Find menu and enter the criteria (see How Do I Query The System?); OR
	If you cannot find the chemical, select the Synonyms option from the Find menu, type in the synonym you are looking for, and press Return
Но	w Do I Get To The Section I Want?
	Press the hot key (numbers 1 through 7) corresponding to the section you want to view; OR
	When searching in the data base, press F2 prior to pressing the hot keys 1 through 7; OR
	Use the and keys to highlight the section you want to see and press Return. If the option is dimmed, it is not available. In general, these keys will move you through all available IRIS2 buttons and menus.
Н	ow Do I Get To Specific Information Within A Section?
	If you don't know where the information is, use the Page Up and Page Down keys until you find what you're looking for These keys also move you to the previous/next section when you reach the beginning/end of the current section; OR
	Press the hot key (i.e., the highlighted letter in the button title); OR
	Use the and keys to highlight the button you wish to select and press Return.
н	ow Do I See The Whole Field?
	Use Tab or Shift - Tab to get to the field you want to view.
	Use A, Control Page Up and Control Page Down keys to scroll within the field; OR
_	Gentral Enter to expand the field to full page size. Use Escape to shrink it to normal size.



DEGEOVED

APR 0 1 1992

RCRAPERMITS SECTION

CERTIFIED MAIL

3/31/92

Carrie Sikorski
U.S. Environmental Protection Agency
RCRA Permits
Region X
1200 Sixth Avenue
Seattle, WA 98101

Dear Ms. Sikorski

Enclosed are revisions to the Burlington Environmental Inc. Pier 91 Facility Part B Permit Application. These revisions are not in response to an NOD from Ecology or the EPA. The revisions are a result of a change in copany name and change in appropriate contact persons. Hopefully these revisions will be incorporated into the Permit Application before release for public comment.

Two sets of revisions are being supplied to the EPA for copies 3 and 4 of the Permit Application. Two copies of the Permit Application revisions have also been sent to Ecology. Please place these revisions in your current copies of the Permit Application as indicated on the instruction sheet provided.

I can be reached at (206)223-0500 if you have any questions.

Sincerely,

Gary D. Kollman

Environmental Scientist

Enclosures

cc: Cindy Gilder, Ecology



CERTIFIED MAIL

3/31/92

Cindy Gilder Hazardous Waste Permit Section Washington Department of Ecology Mail Stop PV-11 Olympia, WA 98504-8711

Dear Ms. Gilder:

Enclosed are revisions to the Burlington Environmental Inc. Pier 91 Facility Part B Permit Application. These revisions are not in response to an NOD from Ecology or the EPA. The revisions are a result of a change in company name and change in appropriate contact persons. Hopefully these revisions will be incorporated into the Permit Application before release for public comment.

Two sets of revisions are being supplied to Ecology for copies 3 and 4 of the Permit Application. Two copies of the Permit Application revisions have also been sent to the EPA. Please place these revisions in your current copies of the Permit Application as indicated on the instruction sheet provided.

I can be reached at (206)223-0500 if you have any questions.

Sincerely,

Gary D. Kollman

Environmental Scientist

Enclosures

cc: Carrie Sikorski, EPA

Submitted to Ecology: March 4, 1992

PIER 91 FACILITY PART B PERMIT APPLICATION

REVISION INSTRUCTIONS
Page 1 of 1

REMOVE PAGES

INSERT PAGES

Section A

Section A

Appendix J: Page 1

Appendix J: Page 1

SECTION A PART A OF THE RCRA PERMIT APPLICATION

SECTION A. PART A OF THE RCRA PERMIT APPLICATION TABLE OF CONTENTS

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	Al.1 Revisions Included in Part A Application for Part B Permit	Al
	A1.2 Methodology for Defining Part A Waste Categories	A6
A2.0	Part A Dangerous Waste Permit Forms 1 and 3	A7

LIST OF TABLES

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A1-2	Types and Quantities of Dangerous Wastes Listed on the Pier 91 Facility Part A	A6

SECTION A. PART A OF THE RCRA PERMIT APPLICATION

40 CFR 270.10(d), 270.11(a) and (d), 270.13 WAC 173-303-806(2), 810(2), 810(12)(a), 810(13)

A1.0 BACKGROUND INFORMATION

Al.1 Revisions Included in Part A Application for Part B Permit

Revised, July 1990, Sept. 1990, Dec. 1990, Nov. 1991

Several changes were made to the interim status Part A dated February 18, 1986 to be consistent with the information on Pier 91 Facility operations provided in the Part B. These revisions include:

FORM 1, Sections III, IV and VII

The operator's mailing address and phone number have been revised to reflect a change in the corporate office location.

FORM 1, Section IV

The facility address has been revised to include a street address as well as a Pier number.

FORM 1, Section IV

Standard Industrial Classification (SIC) Code 2911 (Oil Reprocessing) has been deleted, and SIC Code 4953 (Refuse Systems) has been added to more accurately characterize dangerous waste activities at the facility.

FORM 1, Section VII.B.

A response has been provided to indicate that the facility operator is not the facility owner.

FORM 1, Section IX

The topo map has been updated.

FORM 1, Section X

The Nature of Business description has been revised. The previous statement:

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating the impurities. Liquid wastes containing low concentrations of heavy metals and/or low concentrations of hazardous wastes are treated to remove the contaminants or render the liquids non-hazardous.

Pier 91 is a storage, blending and marketing facility of used oil fuel and hazardous waste fuel.

has been changed to more accurately characterize dangerous waste activities at the facility. The statement now reads:

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating out the impurities (water, solids). Hazardous and non-hazardous wastewater is treated for contaminants such as metals, phenolics and solvents, and the treated wastewater is discharged to the sewer. Solids are centrifuged and sent off site for treatment and/or disposal.

The Pier 91 Facility is also a generator, storer, and marketer of used fuel oil and hazardous waste fuel (dangerous waste fuel).

FORM 1, Section XI

The certification signature has been changed to M.P. Keller, Vice President - Operations, to reflect a change in corporate management.

FORM 3, Section III

Identification of storage and treatment capacities has been revised as follows:

Line 1 - Tank Storage Capacity (S02)

The interim status tank storage capacity of 9,036,090 gallons has been changed to include only dangerous waste storage tanks described within the Part B Permit Application. The revised gallonage is 675,950, based on the Part B facility layout described elsewhere in the Part B Permit Application. Refer to Table A1-1 for a listing of all dangerous waste tanks and associated storage capacity.

Line 2 - Tank Treatment Capacity (T01)

The interim status tank treatment design capacity of 40,000 gallons per day (GPD) has been revised for the Part B permit application and includes treatment capabilities of dangerous waste tanks described in Table A1-1. The total tank treatment capacity amounts to 80,000 GPD (average) and 241,500 GPD (maximum).

Line 3 - Other (TO4)

The process code and process design capacity for other treatment processes (TO4) have been deleted, since all dangerous waste operations at the facility are included under tank storage (SO2) or tank treatment (TO1). The

description of other treatment processes (TO4) has been deleted from page 2 of 5.

FORM 3, Section IV

Estimated waste quantities were revised to reflect Part B facility operations, and waste codes were categorized to avoid repetitive counting of quantities. (The methodology for defining waste categories is discussed in Section A1.2.) Waste codes were also added to each category, and process code T04 was deleted. In September, 1990, newly listed waste codes were added to each waste category to include the new characteristic waste codes effective September 25, 1990.

FORM 3, Section V

Facility drawing was revised to show the updated layout for dangerous waste operations.

FORM 3, Section VI

An aerial photo of the facility dated March 3, 1985 was added to the Part A Permit Application. Section VI has been updated with a more recent June 1987 aerial photograph.

FORM 3, Section X

The operator certification signature has been changed to M.P. Keller, Vice President - Operations, to reflect a change in corporate management.

TABLE A1-1. WASTE STORAGE AND TREATMENT TANKS
Revised, Jan 1990, Jul 1990, Sep 1990, Dec 1990, Jul 1991, Nov. 1991

TANK NO.	TANK NAME/USAGE	STATUS	WORKING VOLUME (GAL) PER TANK	TOTAL VOLUME (GAL) PER TANK
2307, 2308, 2309	Heated Treatment/ Storage	Planned	14,100 ea.	14,810 ea.
2310	Sludge Storage Tank	Planned	14,100	14,810
2313	Heated Treatment/ Storage	Existing (Formerly tank 164)	14,100	14,810
2501	Treatment Chemical/ Storage (not RCRA- regulated)	Existing	5,287	5,874(1)
2701, 2705, 2707	Industrial Waste Water Treatment/ Storage	Existing (Formerly tanks 105, 109, & 111		49,485 ea.
2702, 2704	Industrial Waste Water Treatment/ Storage	Planned	91,727 ea.	96,555 ea.
2703 2708	Waste Oil Treatment/ Storage Tank	Existing (Formerly tanks 107, 112)	44,657 ea.	49,485 ea.
2706	Oil/Coolant Treatment and Storage	Existing (Formerly tank 110)	44,657	49,485
2709, 2710	Waste Oil Storage	Planned	52,832 ea.	55,940 ea.

EXISTING TANK STORAGE CAPACITY = 311,720 GAL PLANNED TANK STORAGE CAPACITY = 364,230 GAL

TOTAL TANK STORAGE CAPACITY (S02) = 675,950 GAL

⁽¹⁾ Tank capacity not included in total for maximum waste inventory for reason indicated in parentheses.

Al.2 Methodology for Defining Part A Waste Categories

The quantities associated with waste codes reported on the Part A have been grouped into various wastestream categories. This grouping of waste codes has been adopted to avoid duplicate counting of quantities associated with wastestreams which are designated with more than one waste code.

In order to avoid this misrepresentation and to provide the most accurate estimates of the types and quantities of wastes received, it was determined that categorizing the waste codes based on chemical wastestream groups provides the most complete information about the wastestreams handled.

The wastestream categories used in the Part A were based on the categories and corresponding waste codes for the most common wastestreams historically received at the Pier 91 Facility. These waste categories and corresponding quantity estimates are summarized in Table A1-2.

TABLE A1-2. TYPES AND QUANTITIES OF DANGEROUS WASTES LISTED ON THE PIER 91 FACILITY PART A

WASTE CATEGORY (a)	ESTIMATED ANNUAL QUANTITY (LBS/YR)
Oil and Coolant Emulsions	102,000,000
Industrial Wastewaters including Alkalis	84,020,000
Industrial Waste Sludges	8,080,000

⁽a) Waste categories derived from facility operating history.

SECTION A2.0

PART A DANGEROUS WASTE PERMIT FORMS 1 AND 3
Revised, Jan. 1990, Sept. 1990, Dec. 1990, Nov. 1991

PART A DANGEROUS WASTE PERMIT FORMS (FORMS 1 and 3)

WASHINGTON STATE DANGEROUS WASTE PERMIT GENERAL INFORMATION

Permit Application Process

There are two parts to a Dangerous Waste Permit Application—Part A and Part B. Part A consists of Form 1 and Form 3. Part B requires detailed site—specific information such as geologic, hydrologic, and engineering data. WAC 173-303-800 specifies the information that will be required from dangerous waste management facilities in Part B.

Operation During Interim Status

Part A of the permit application defines the processes to be used for treatment, storage, and disposal of dangerous wastes; the design capacity of such processes; and the specific dangerous wastes to be handled at a facility during the interim status period. Once Part A is submitted to the Department of Ecology, changes in the dangerous wastes handled, changes in design capacities, changes in processes, and changes in ownership or operational control at a facility during the interim status period may only be made in accordance with the procedures in WAC 173-303-820. Changes in quantity of waste handled at a facility during interim status can be made without submitting a revised Part A provided the quantity does not exceed the design capacities of the processes specified in Part A of the permit application. Failure to furnish all information required to process a permit application is grounds for termination of an interim status permit.

Confidential Information

All information submitted in this form will be subject to public disclosure, to the extent provided by RCRA and the Freedom of Information Act, 5 U.S.C. Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2 (see especially 40 CFR 2.305), and will be subject to the State of Washington Public Records Act chapter 42.17 RCW and chapter 43.21A-160 RCW. Persons filing this form may make claims of confidentiality. Such claims must be clearly indicated by marking "confidential" on the specific information on the form for which confidential treatment is requested or on any attachments, and must be accompanied, at the time of filing, by a written substantiation of the claim, by answering the following questions:

Confidential Information (continued)

- A. Which portions of the information do you claim are entitled to confidential treatment?
- B. For how long is confidential treatment desired for this information?
- C. What measures have you taken to guard against undesired disclosure of the information to others?
- D. To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?
- E. Has the Department of Ecology, EPA or any other Federal or State agency made a pertinent confidentiality determination? If so, what would those harmful effects be and why should they be viewed as substantial? Explain the causal relationship between disclosure and the harmful effects.

If no claim of confidentiality or no substantiation accompanies the information when it is submitted, EPA or the department may make the information available to the public without further notice to the submitter.

Definitions

Terms used in these instructions and in this form are defined in the Definitions section of the Dangerous Waste Regulation, chapter 173-303 WAC.

ECY 030-31 INSTR.

FORM 1-INSTRUCTIONS

This form must be completed by all applicants.

mpleting This Form

Please type or print. If you print, place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

Section I

Space is provided at the upper right hand corner of Form 1 for insertion of your EPA/State identification number. If you have an existing facility, enter your identification number, if you don't have an EPA/State identification number, please contact the Department of Ecology (206) 459-6303 and one will be provided for you. If your facility is new (not yet constructed), leave this item blank.

Section II

Enter the facility's official or legal name. Do not use a colloquial name.

Section III

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted if necessary.

Section IV

Give the complete mailing address of the office where correspondence should be sent. This often is not the address used to designate the location of the facility or activity.

Section V

Give the address or location of the facility identified in Section III of this form. If the facility lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number county records or at intersection of Rts. 425 and 22).

section VI

List, in gescending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the dangerous wastes.

SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact your Department of Ecology Regional office (see Table 1).

Table 1. Department of Ecology Regional Offices

Northwest Regional Office 4350 - 150th NE Redmond, Washington 98052 Tel: 206-885-1900

Eastern Regional Office East 103 Indiana Spokane, Washington 99207 Tel: 509-456-2926 Southwest Regional Office 7272 Cleanwater Lane Olympia, Washington 98504 Tel: 206-753-2353

Central Regional Office 3601 West Washington Yakima, Washington 98903 Tel: 509-575-2490

Section VII-A

Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

Section VII-E

Indicate whether the entity which operates the facility also owns it by marking the appropriate box.

ECY 030-31 INSTR.

Section VII-C

Enter the appropriate letter to indicate the legal status of the operator of the facility. Indicate "public" for a facility solely owned by local government(s) such as a city, town, county, parish, etc.

Sections VII-D-H

Enter the telephone number and address of the operator identified in hem VII-A.

Section VIII

Indicate whether the facility is located on Indian lands.

Section IX

Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:

The legal boundaries of the facility;

The location and serial number of each of your existing and proposed intake and discharge structures;

All hazardous waste management facilities;

Each well where you inject fluids underground; and

All springs and surface water bodies in the area, plus all drinking water wells within % mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. Use a 7-½ minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Offices listed below. If a 7-½ minute series map has not been published for your facility site, then you may use a 15 minute series map from the U.S. Geological Survey. If neither a 7-½ nor 15 minute series map has been published for your facility site, use a plat map or other appropriate map, including all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above specifications. If you do, your map should bear a note showing the number or title of the map or chart it was traced from. Include the names of nearby towns, water bodies, and prominent points.

U.S.G.S. OFFICES

Western Mapping Center National Cartographic Information Center U.S.G.S. 345 Middlefield Road Menlo Park, Ca. 94025 Phone No. (415) 323-8111

AREA SERVED

Ariz., Calif., Hawaii, Idaho, Nev., Oreg., Wash., American Samoa, Guem, and trust Territories

Section X

Briefly describe the nature of your business (e.g., products produced or services provided).

Section XI

For a corporation, by a principal executive officer of at least the level of vice president.

For partnership or able proprietorship, by a general partner or the proprietor, respectively; or

For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

WASHINGTON STATE

I. EPA/STATE I.D. NUMBER

DANGEROUS WASTE PERMIT GENERAL INFORMATION



(Read "Form 1 Instructions" before starting)

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B.U.R.L.I.N.G.T.Q.N. ENVIRO	N.M.F.N.T.	A. L 1	N.C.		111111
III. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
		111	1111		NE (area code & no.)
S,T,E,F,A,N,I, D,E,N,N,I,S, ,V,P,J	R. E. G. U. L.	A. T. O. F	R. Y A. F. I	F. A. I. RS 2, 0, 6	2. 2. 3 0. 50
IV. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
2,2,0,3, A,I,R,P,O,R,T, W,A,Y, S.,, S					
B. CITY OR TOWN		. C. STATE	D. ZIP CODE		
S,E,A,T,T,L,E		W.A	9 8 1 3 4		
V. FACILITY LOCATION		10.74 T		3.2	
A. STREET, ROUTE NO. OR OTHER :					
P.I.E.R. 9.1 2.0.0.1. WG.A.R.F					
B. COUNTY NAME			l		
K,I,N,G,					
C. CITY OR TOWN		D. STATE	E. ZIP CODE	F. COUNTY CODE	1
S.E.A.T.T.L.E.		WA	9. 8. 1. 1. 9	(il known)	1
SIC CODES (4-digit, in order of priority)					
A. FIRST		7		B. SECOND	
(specify)	H	111	(specity)	S. GEGORD	
4.9.5.3 REFUSE SYSTEMS					
C. THIRD				D. FOURTH	
(specify)			(specity)		P
VII. OPERATOR INFORMATION					
A. NAME				1. 47 965	B. Is the name listed
		1111	1111	11111	ttem VII-A also the
B.U.R.L.I.N.G.T.O.N. SEN.V.I.R.ON M.E.	N.T.A.K.	I.N.C.			YES X NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer to	oox if "Other", so	ecity.)	7	D. PHONE	
F = FEDERAL M = PUBLIC (other than lederal or state) S = STATE O = OTHER (specify) P = PRIVATE	P (speci			2 0 6 2	(area code & no.)
E. STREET OR P.O. BOX					
2, 2, 0, 3, A,I,R,P,O,R,T, ,W,A,Y, ,S., ,S,U	ITE .	400			
F. CITY OR TOWN		G. STATE	H. ZIP CODE	VIII. INDIAN LAND	
	1111	11 11	1111		
SEATTLE		W.A	9 8 1 3 4	Is the facility located or	NO
\$7					

COMPLETE BACK PAGE



IX. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the line of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment age, or disposal facilities, and each well where it injects fluids undergound. Include all springs, rivers and other surface water bodies in the area. See instructions for precise requirements.

X. NATURE OF BUSINESS (provide a brief description)

Pier 91 is a waste oil reclamation facility. By utilizing tank treatment, reusable oil is reclaimed by separating out the impurities (water, solids). Hazardous and nonhazardous wastewater is treated for contaminants such as metals, phenolics and solvents, and the treated wastewater is discharged to the sewer. Solids are processed and sent off site for treatment and/or disposal.

The Pier 91 Facility is also a generator, storer, and marketer of used oil fuel and hazardous waste fuel (dangerous waste fuel).

XI. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Milan PKent

NAME & OFFICIAL TITLE (type or print)

Michael P. Keller,

Vice President, Operations

B. SIGNATURE

Marl 6, 1952

FORM 3-INSTRUCTIONS

Completing This Form

Please type or print. If you print place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

Section I

Existing dangerous waste management facilities should enter their EPA/STATE Identification Number (if known). New facilities should leave this item blank

Section II

A. FIRST APPLICATION. If this is the first application that is being filed for the facility place an"X" in either the Existing Facility box or the New Facility box.

1. EXISTING FACILITY. Existing facilities are:

- a. Those facilities which received hazardous waste for treatment, storage, and/or disposal on or before November 19, 1980; or
- Those facilities for which construction had commenced on or before November 15, 1980. Construction had "commenced" only if:
 - The owner or operator had obtained all necessary Federal, State, and local preconstruction approvals or permits; and
 - (2-a) A continuous physical, on—site construction program had begun (facility design or other preliminary non—physical and non—site specific preparatory activities do not constitute an on—site construction program), or
 - (2-b) The owner or operator had entered into contractual obligations (options to purchase or contracts for feasibility, engineering, and design studies do not constitute contractual obligations) which could not be cancelled or modified without substantial loss. Generally, a loss is deemed substantial if the amount an owner or operator must pay to cancel construction agreements or stop construction exceeds 10% of the total project cost.

EXISTING FACILITY DATE. If the Existing Facility box is marked, enter the date dangerous waste operations began (i.e., the date the facility began treating, storing, or disposing of hazardous waste) or the date construction commenced.

 NEW FACILITY. New facilities are all facilities for which construction commenced, or will commence, after November 19, 1980.

NEW FACILITY DATE. If the New Facility box is marked, enter the date that operation began or is expected to begin.

- B. REVISED APPLICATION. If this is a subsequent application that is being filed to amend data filed in a previous application, place an "X" in the appropriate box to indicate whether the facility has interim status or a permit.
 - FACILITY HAS AN INTERIM STATUS PERMIT. Place an "X" in this box if this is a revised application to make changes at a facility during the interim status period.
 - 2. FACILITY HAS A FINAL PERMIT. Place an "X" in this box if this is a revised application to make changes at a facility for which a permit has been issued.

(NOTE: When submitting a revised application, applicants must resubmit in their entirety each item on the application for which changes are requested. In addition, Items I and IX [and Item X if applicable] must be completed. It is not necessary to resubmit information for other items that will not change).

ECY 030-31 INSTR. Form 3

Section III

The information in Section III describes all the processes that will be used to treat, store, or dispose of dangerous waste at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. See the form for the detailed instructions to Section III.

Section IV

The information in Section IV describes all the dangerous wastes that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. See the form for the detailed instructions to Section IV.

Section V

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit in the space provided on the form. This drawing should show the following:

The property boundaries of the facility:

The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;

The name of each operation. (Example—multiple hearth incinerator, drum storage area, etc.):

Areas of past storage, treatment, or disposal operations;

Areas of future storage, treatment, or disposal operations; and

The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas.

Section VI

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment, or disposal operations. Photographs may be color or black and white, ground-luvel or aerial. Indicate the date the photograph was taken on the back of each photograph.

Section VII

Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provided for Section IX of Form 1 to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey and from State agencies such as the Department of Natural Resources.

Section VIII

See the form for the instructions to Section VIII.

Section IX and Section X

All facility owners must sign Section IX. If the facility will be operated by someone other than the owner, then the operator must sign Section X. Federal regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal; or other public facility, by either a principal executive officer or ranking elected official.

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				DESIGN CAPACITY		ntered in d	column A	enter	the cap	pacity	of the	proc	:033.										
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III. .PROCESSES (continued)

C SPACE FOR ADDITIONAL	L PROCESS CODES OR FOR DESCRIBING (THER PROCESS (code "TO4")). FOR EACH PROCESS ENTERED HERE	INCLUDE DESIGN CAPACITY
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IV. DESCRIPTION OF DANGEROUS WASTES

- A. DANGEROUS WASTE NUMBER Enter the four digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle. If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	Τ	METRIC TONS	

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed dangerous waste: For each listed dangerous waste entered in column A select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non—listed dangerous wastes: For each characteristic or toxic contaminant entered in Column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed dangerous wastes that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item (V-D(1)); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: DANGEROUS WASTES DESCRIBED BY MORE THAN ONE DANGEROUS WASTE NUMBER — Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other Dangerous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

EXAMPLE FOR COMPLETING SECTION IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

1	T			A.		1		C. U		T											D.	PROCESSES
NO E.		W	AS	TE	NO	.	B. ESTIMATED ANNUAL QUANTITY OF WASTE	OF M SUF (ent	RE		1. PROCESS CODES (enter)						s			PROCESS DESCRIPTION (if a code is not entered in D(1))		
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X-2	1	D	0	0	1	2	400	F		T	. () 3	3	D	8	0		i 1		1	1	
3	1	D	0	0	T	1	100	F	,	T	. () 3	,	D	8	0		1 1			1	
X-4	1	D	0	0	1	2				T	1) 3	,	D	8	0	-	1 1			I	included with above

. , Continued from page 2.

... 3 I.D. NUMBER (enter from page 1)

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

WAD000812 9 DESCRIPTION OF DANGEROUS WASTES (continued) C. UNIT OF MEA-SURE D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE DANGEROUS н о 1. PROCESS CODES 2. PROCESS DESCRIPTION WASTE NO. (enter (if a code is not entered in D(1)) OIL, & COOLANT EMULSIONS 102,000,000 (a) 2 (a) Estimated annual quantity 3 D 0 0 1 applies to entire waste stream not each waste code. D 0 0 2 5 D 0 0 6 D 0 0 D 0 0 6 7 D ol ol D 0 0 8 9 10 D 0 0 9 0 1 0 D 12 0 13 0 15 K 0 5 0 16 K 0 5 17 5 0 18 WT Oi 19 W T 0 2 20 W P 0 1 21 WPO 22 23 WC01 24 W C 0 2 25 WO 0 F 0 0 26

Continued from page 2.

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IV.	DE	SCRI	PTION OF DAN	GEROUS WAS	TES (c	ontin	ued)						
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Continued irom page 2. NOTE: *Photocopy this page before completing if you have more than 25 westes to list. I.D. NUMBER (enter from page 1) d d d 8 1 2 9 D DESCRIPTION OF DANGEROUS WASTES (continued) JV. D. PROCESSES C. UNIT B. ESTIMATED ANNUAL QUANTITY OF WASTE DANGEROUS SURE (enter code) 1. PROCESS CODES 2. PROCESS DESCRIPTION H 0 WASTE NO. (enter) (if a code is not entered in D(1)) OILS & COOLANT EMULSIONS (continued) D 0 4 0 3 D 0 4 1 D 0 4 3 D O 4 5 3 9 F 0 7 0 0 3 F 0 8 0 3 F 8 9 10 11 13 14 15 16 17 18 19 20 21 22 23 24

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Continued from page 2.
-NOTE: Photocopy this page before completing if you have more than 26 wastes to list. I.D. NUMBER (enter from page 1) W A D O O 0 8 9 DESCRIPTION OF DANGEROUS WASTES (continued) C. UNIT OF MEA-SURE D. PROCESSES 1 H O B. ESTIMATED ANNUAL QUANTITY OF WASTE DANGEROUS 1. PROCESS CODES 2. PROCESS DESCRIPTION WASTE NO. (enter (enter) (if a code a not entered in D(1)) INDUSTRIAL WASTEWATERS (continued) 2 0 0 3 F 0 0 4 F 0 0 4 5 F 0 0 6 F 0 0 6 18 DO D 0 1 9 8 DO 21 9 D 0 2 2 D 0 2 12 D O 2 4 13 D 0 2 14 D 0 2 6 D O 2 7 15 16 DO 2 8 2 9 17 DO 18 D 0 3 2 19 D 0 D 0 33 20 21 D 0 3 4 3 5 DIO

PAGE 3_E.OF 5
(enter "A", "8", "C" etc. behind the "3" to identify photocopied pages)

D 0 3 6

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. Continued from page 2. -NOTE: Photocopy this page before completing if you have more than 25 westes to list. LD. NUMBER (enter from page 1) 0812917 DESCRIPTION OF DANGEROUS WASTES (continued) C. UNIT OF MEA-SURE (onter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE DANGEROUS 2. PROCESS DESCRIPTION 1. PROCESS CODES HOE. WASTE NO. (enter) INDUSTRIAL WASTEWATERS (continued) D 0 4 0 2 3 D 0 4 1 D 0 4 D 0 4 3 5 F 0 3 9 6 7 K 0 0 8 F 0 3 3 9 F 0 8 10 0 F 11 F 13 0 3 F 14 15 16 17 18 19 T 20 21 22 23 24

I.D. NUMBER (enter from page 1)		
WAD000812917	••	***
IV. DESCRIPTION OF DANGEROUS WAST	TES (continued)	
L A. I N DANGEROUS B. ESTIMATED ANNUAL	C. UNIT D. PR	OCESSES
N O WASTE NO. QUANTITY OF WASTE	SURE 1. PROCESS CODES (enter code) (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
INDUSTRIAL W	ASTE SLUDGE	
2 8,080,000 ^(a)	P S 0 2 T 0 1) Estimated annual quantity
3 D O O 1		applies to entire waste
4 D 0 0 2		stream, not each waste code.
5 D O O 4		
6 D O O 5		
7 D 0 0 6		
8 D 0 0 7		
9 0008		
10 D 0 9		
11 D 0 1 0		
i2 D 0 1 1		
13 K 0 4 8		
14 K 0 4 9		
15 K 0 5 0		
16 K 0 5 1		
17 K 0 5 2		
18 W, T O I		
		*
20 W F 0 1		
²² W P 0 3	 	
²³ W C 0 1	 	,
24 W C 0 2		
25 W O O 1		
26 FO d 1	H	

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

I.D. NUMBER (enter from page 1)	ore than 20 wa	13183 10 1131.			
WAD000812917					•
IV. DESCRIPTION OF DANGEROUS WAST		nued)			
L A. I N DANGEROUS B. ESTIMATED ANNUAL N O WASTE NO. E . (enter code)	C. UNIT OF MEA- SURE (enter code)	1. P	ROCESS CODES		PROCESS DESCRIPTION (if a code a not entered in D(1))
IND	USTRIAI	L WASTE	SLUDGE		ied)
² F 0 0 2	.				
³ F 0 0 3					
4 F 0 0 4					
5 F 0 0 5					
6 F 0 0 6		Y			
7 D 0 18					
8 D 0 1 9					
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I.D. NUMBER (enter from page 1) 0 0 8 1 2 9 1 7 d DESCRIPTION OF DANGEROUS WASTES (continued) C. UNIT OF MEA-SURE D. PROCESSES B. ESTIMATED ANNUAL OUANTITY OF WASTE DANGEROUS H 2. PROCESS DESCRIPTION 1. PROCESS CODES H 0 WASTE NO. (onter (if a code is not entered in D(1)) (enter) INDUSTRIAL WASTE SLUDGE (continued) D 0 4 0 D 0 4 3 D 0 4 5 D O 4 F 0 3 9 7 K O 0 F 0 3 8 0 3 F 9 3 0 2 F 10 11 F 0 2 3 0 3 F 13 F 0 3 14 15 16 17 18 19 20 21 22 1 1 23 24

IV.	DESCRIPTION	OF	DANGEROUS	WASTES	(continued)

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€.	MRE THIS SHACE TO	DIEST ADDITIONAL	PROCESS	CODES FROM	SECTION D(1)	ON PAGE 1
	-					

	S a scale drawing of the facility (see instructions for more detail).
VI. PHOTOGRAPHS .	
All existing facilities must include photographs (social or providentes of future storage, treatment or disposal areas (see instructions)	-level) that clearly defineste all existing structures; existing storage, treatment and disposal areas; and oas for more Cetail).
VIL FACILITY GEOGRAPHIC LOCATION	A
LATITUDE (depless, minutes, & seconds	LONGITUDE (degrees, minutes, & seconds)
4 7 3 8 0 8 N	1 2 2 2 5 0 W
L FACILITY OWNER	
B. If the facility owner is not the facility operator as fisted in Sec	ection VII on Form 1, "General Information", place on "X" in the box to the left and skip to Section IX below.
1. NAME OF FAC	CUTY'S LEGAL OWNER 2. PHONE NO. (area code & no.)
ORT, OF SEATTLE	20613821337
3. STREET OR P.O. BOX	4. CITY OR TOWN S. ST. 6. ZIP COOS
о, вох, 1209	S.E.A.T.T.L.E. WA 9181111
X. OWNER CERTIFICATION	
appropria	te persons within the Port of Seattle have examin
I certify under penalty of law that the description of those documents, and that based on my inquiry of those	the information submitted in this and all attached individuals immediately responsible for obtaining the information. I believe that the lete. I am aware that there are significant penalties for submitting latse information.
I certify under penalty of law that deciments, and that based on my inquiry of those submitted information is true, accurate, and compliance including the possibility of fine and imprisonment.	My manifest into em families with the information submitted in this and all attached a individuals immediately responsible for obtaining the information. I believe that the
I certify under penalty of law that deciments, and that based on my inquiry of those submitted information is true, accurate, and compliancluding the possibility of fine and imprisonment.	e individuals immediately responsible for obtaining the information, I believe that the lete. I am aware that there are significant penalties for submitting false information. **and examinin** **DATE SIGNED**
I certify under penalty of law that decomposition of those submitted information is true, accurate, and compined including the possibility of fine and imprisonment. SEE PAGE 4A ATTACHED HERET	e individuals immediately responsible for obtaining the information, I believe that the lete. I am aware that there are significant penalties for submitting false information. **and examinin** **DATE SIGNED**
I certify under penalty of law that the penalty of these documents, and that based on my inquiry of those submitted information is true, accurate, and compliancluding the possibility of line and imprisonment. NAME (print or type)	e individuals immediately responsible for obtaining the information, I believe that the lete. I am aware that there are significant penalties for submitting false information. **and examinin** **DATE SIGNED**
documents, and that based on my inquiry of those submitted information is true, accurate, and compined including the possibility of fine and imprisonment. SEE PAGE 4A ATTACHED HERET Zeger JJ vanAsch vanWijck OPERATOR CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of these	e individuals immediately responsible for obtaining the information, I believe that the iete. I am aware that there are significant penalties for submitting false information, wand examining

Section A Part A of the RCRA Permit Application Form 3 Dangerous Waste Permit Application

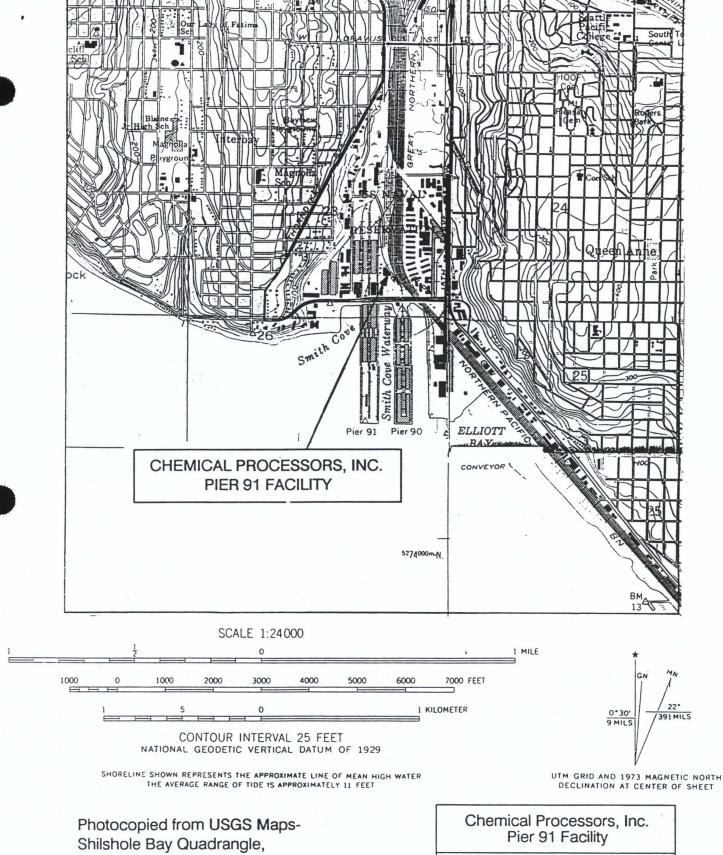
IX. Owner Certification

I certify under penalty of law that appropriate persons with the Port of Seattle have examined the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining and examining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Zeger J.J. van Asch van Wijck

Chief Executive Officer

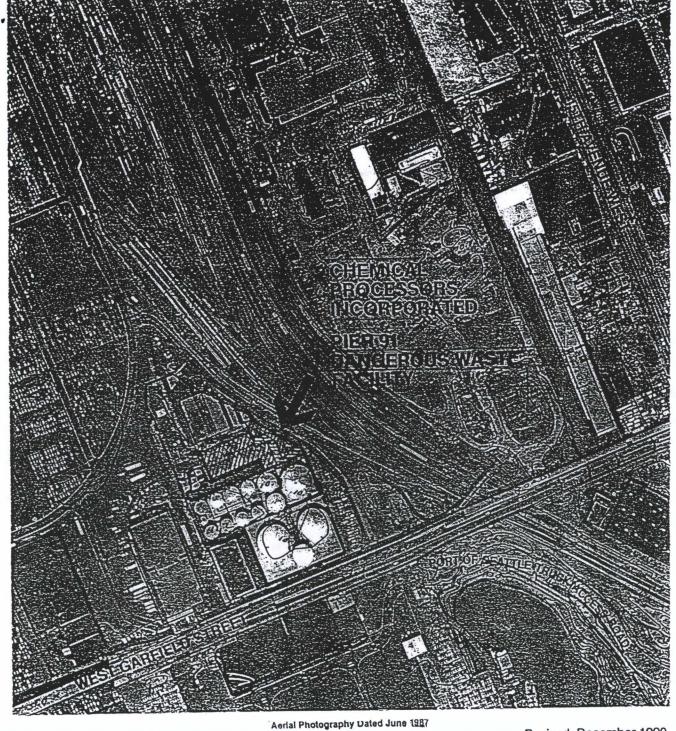
3/12/91



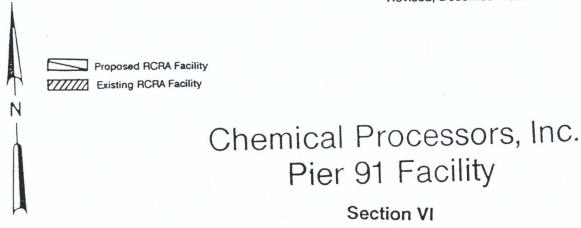
Photocopied from USGS Maps-Shilshole Bay Quadrangle, Seattle North Quadrangle and Seattle South Quadrangle Lat. 47 38'08"N Long. 122 22'50"W Chemical Processors, Inc.
Pier 91 Facility

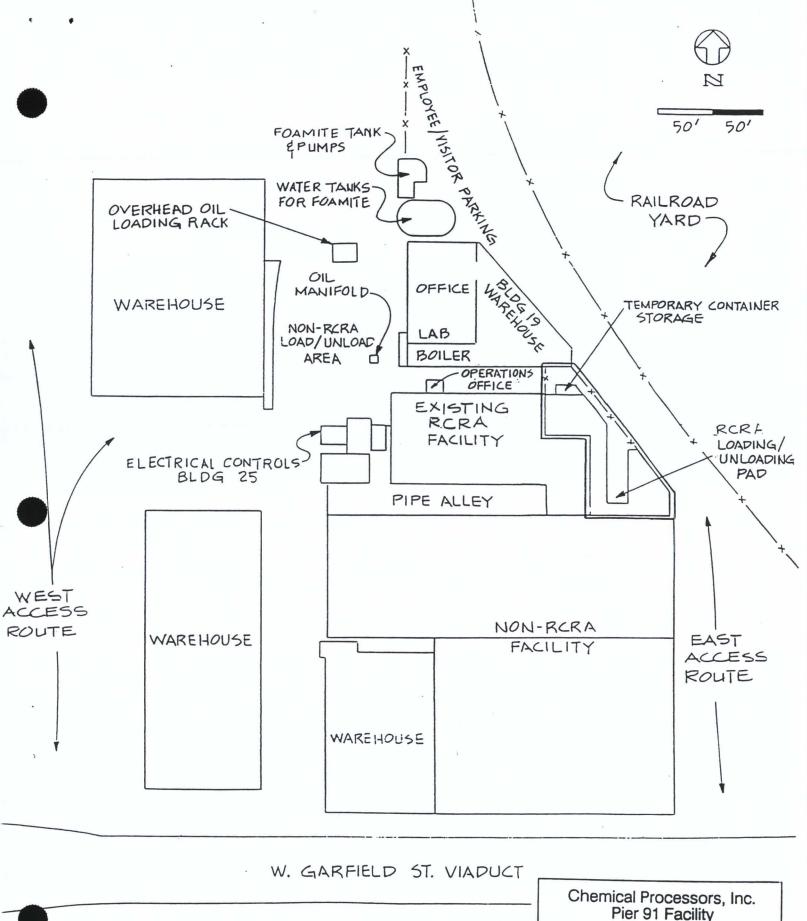
Location Map

Section IX



Revised, December 1990





Pier 91 Facility

Pier 91 Facility Site Plan

Section V

APPENDIX J-1

STATE ENVIRONMENTAL POLICY ACT ENVIRONMENTAL CHECKLIST

A. BACKGROUND

1. Name of proposed project, if applicable:

Dangerous Waste Treatment and Storage Facility Part B Permit Application for the Chemical Processors, Inc. Pier 91 Facility.

2. Name of applicant:

Chemical Processors, Inc.

3. Address and phone number of applicant and contact persons:

2203 Airport Way S., Suite 400
Seattle, WA 98134
Contacts: Ms. Catherine Buller
Regulatory Affairs
(206) 223-0500
Mr. Dave Larimore
Engineering/Construction

(206) 223-0500

4. Date checklist prepared:

November 1988. Revised, January 1990, March 1992

5. Agency requesting checklist:

State of Washington, Department of Ecology (Ecology).

6. Proposed timing or schedule (including phasing, if applicable:

The checklist describes existing conditions at the facility, and future plans for operations as described in the accompanying Resource Conservation and Recovery Act (RCRA) Part B Permit Application.

7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal?

Yes. Plans for the facility include construction of a dangerous waste loading/unloading area and temporary container storage area on an 0.2-acre area adjacent to